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Dated: March 1, 2005

Signature: \_\_\_\_\_

(Cynthia M. Soroos)

Docket No.: GLI-001  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Robert Bender

Application No.: 10/714264

Confirmation No.: 3845

Filed: November 14, 2003

Art Unit: 3624

For: RISK SHIFTING FOR FINANCING  
INTELLECTUAL PROPERTY LITIGATION

Examiner: Not Yet Assigned

**RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION**

MS Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

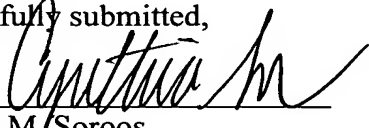
Dear Sir:

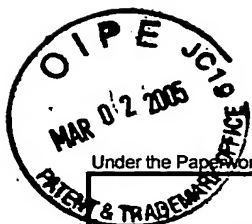
In response to the Notice to File Missing Parts of Application – Filing Date Granted mailed August 26, 2004, Applicant respectfully submits a Declaration for Patent Application, Petition for Extension of Time and Part 2 Copy of Notice.

Please charge our Deposit Account No. 12-0080 in the amount of \$1,145.00 covering the fees set forth in 37 CFR 1.16(f) and 1.17(a)(5). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. GLI-001. A duplicate copy of this paper is enclosed.

Dated: March 1, 2005

Respectfully submitted,

By   
Cynthia M. Soroos  
Registration No.: 53,623  
LAHIVE & COCKFIELD, LLP  
28 State Street  
Boston, Massachusetts 02109  
(617) 227-7400  
(617) 742-4214 (Fax)  
Attorney/Agent For Applicant



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/714264-Conf. #3845
		Filing Date	November 14, 2003
		First Named Inventor	Robert BENDER
		Art Unit	3624
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	9	Attorney Docket Number	GLI-001

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration for Patent Application (3 pages); Part 2 Copy of Notice (2 pages); Return Receipt Postcard
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Cynthia M. Soroos		
Date	March 1, 2005	Reg. No.	53,623

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Dated: March 1, 2005

Signature:

(Cynthia M. Soroos)



<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	10/714264-Conf. #3845
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 14, 2003
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,145.00		First Named Inventor	Robert BENDER
		Examiner Name	Not Yet Assigned
		Art Unit	3624
		Attorney Docket No.	GLI-001

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 12-0080
	Deposit Account Name: Lahive & Cockfield, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
_____ - = _____		x _____	= _____		<b>Fee (\$)</b> <b>Fee Paid (\$)</b>		
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - = _____		x _____	= _____				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____ - 100 = _____	/50 _____	(round up to a whole number) x _____		= _____			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): 2051 Surcharge-Late oath or declaration						65.00	
2255 Extension for response within fifth month						1,080.00	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	53,623
Name (Print/Type)	Cynthia M. Soroos	Telephone	(617) 227-7400
		Date	March 1, 2005

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Dated: March 1, 2005	Signature:  (Cynthia M. Soroos)



03-03-05

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00959  
LAHIVE & COCKFIELD, LLP.  
28 STATE STREET  
BOSTON, MA 02109

\*OC000000013639753\*

***A copy of this notice MUST be returned with the reply.***

*S. Curran*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE